

CONSUMER DIRECTED – OPEN ACCESS POS HSA COMPATIBLE PLAN OPTION

Plan Options	MD Open Access POS HSA Compatible Plan 1.5*	
Member Benefits	In-Network No Referral Needed	Out-of-Network No Referral Needed
Member Coinsurance	Not applicable	30% after deductible
Plan Year Deductible**	\$1,500 Individual \$3,000 Family In-Network and Out-of-Network Combined	
Plan Year Out-of-Pocket Maximum*** — Medical and Prescription Drugs: (All amounts paid as deductible, coinsurance and copayment for covered services and supplies apply toward the Out-of-Pocket Maximum.)	\$2,500 Individual \$5,000 Family In-Network and Out-of-Network Combined	
Lifetime Maximum Benefit	Unlimited	
Preventive Care		
Well-Baby/Child and Adult Physical Exams (Age and frequency schedules apply. In-network and out-of-network combined.)	\$0 copay, deductible waived	30%, deductible waived
Routine GYN Exams (Limited to one exam and pap smear every 365 days. In-network and out-of-network combined.)	\$0 copay, deductible waived	30%, deductible waived
Routine Mammograms	\$0 copay, deductible waived	30%, deductible waived
Routine Eye Exam (One exam per 24 months. In-network and out-of-network combined.)	\$0 copay, deductible waived	30%, deductible waived
Aetna Vision SM Discount Program	Included	Not covered
Primary Physician Office Visit†	\$25 copay after deductible	30% after deductible
Specialist Office Visit†	\$40 copay after deductible	30% after deductible
Outpatient Services — Lab	\$40 copay or 50% of the cost of the service, whichever is less, after deductible	30% after deductible
Outpatient Services — X-Ray (Includes Outpatient Complex Imaging.)	\$40 copay or 50% of the cost of the service, whichever is less, after deductible	30% after deductible
Chiropractic Services (20 visits per condition per plan year. In-network and out-of-network combined.)	\$40 copay after deductible	30% after deductible
Outpatient Physical, Occupational, Speech Therapy (30 visits per therapy per condition per plan year. In-network and out-of-network combined.)	\$40 copay after deductible	30% after deductible
Durable Medical Equipment	\$0 copay after deductible	30% after deductible
Inpatient Hospital	\$250 copay per admission after deductible	30% after deductible
Outpatient Surgery	\$40 copay after deductible	30% after deductible
Emergency Room	\$100 copay after deductible	\$100 copay after deductible
Urgent Care	\$40 copay after deductible	\$40 copay after deductible
Mental Health — Inpatient (Maximum of 60 days per plan year. Combined maximum with Inpatient Substance Abuse Rehabilitation. In-network and out-of-network combined.)	\$250 copay per admission after deductible	30% after deductible
Substance Abuse — Inpatient (Detox: Unlimited days. Rehab.: Maximum of 60 days per plan year. Combined maximum with Inpatient Mental Health. In-network and out-of-network combined.)	\$250 copay per admission after deductible	30% after deductible
Prescription Drugs		
Prescription Drug Deductible	Integrated medical/pharmacy deductible	Not covered
Plan Year Out-of-Pocket Maximum — Prescription Drugs	Integrated medical/pharmacy out-of-pocket maximum	Not covered
Prescription Drugs: 30-day supply	\$15/\$35/\$60 after deductible	Not covered
Maintenance Drugs: 90-day supply	\$30/\$70/\$120 after deductible	Not covered
Contraceptives and Diabetic Supplies	Included	Not covered
Specialty Care Drugs: 30-day supply	\$200 copay after deductible	Not covered
Specialty Care Drugs: 90-day supply	\$400 copay after deductible	Not covered

*This is a partial description of benefits available; for more information, refer to the specific plan design summary.

Some benefits are subject to limitations or visit maximums. Members or Providers may be required to pre-certify or obtain prior approval for certain services.

We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this "out-of-network" care.

As an example, you may choose a doctor in our network. You may choose to visit an out-of-network doctor. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount.

- For out-of-network doctors and other professionals, the amount is based on what Medicare pays for these services. The government sets the Medicare rate.
- For Maryland out-of-network hospitals, the amount is based on the rate approved by the Maryland Health Services Cost Review Commission.

Your out-of-network doctor or hospital sets the rate to charge you. It may be higher – sometimes much higher -- than what your Aetna plan "recognizes." Your doctor may bill you for the dollar amount that Aetna doesn't "recognize." You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the "recognized charge" counts toward your deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box.

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This way of paying out-of-network health care providers applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident, or for other emergency services), we will pay the bill as if you got care in network. You pay cost sharing and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your cost sharing and deductibles.

Note: For a summary list of Limitations and Exclusions, refer to the Maryland Plan Guide. Please refer to Aetna's Producer World® web site at www.aetna.com for more detailed small business benefit descriptions. Or for more information, please contact your licensed agent or Aetna Sales Representative.

**The Individual Deductible can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Deductible can be met by a combination of family members or by any single individual within the family. Once the Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the plan year.

***The Individual Out-of-Pocket Maximum can only be met when a member is enrolled for self-only coverage with no dependent coverage. The Family Out-of-Pocket Maximum can be met by a combination of family members or by any single individual within the family. Once the Family Out-of-Pocket Maximum is met, all family members will be considered as having met their Out-of-Pocket Maximum for the remainder of the plan year.

*"No Referral" Provision: A member will pay the Primary Physician Office Visit cost-share when the member obtains covered benefits from any participating primary care physician. Members will pay the Specialist Office Visit cost-share when the member obtains covered benefits from any participating specialist.

Health benefits and health insurance plans are offered/underwritten by Aetna Health Insurance Company (Aetna).

This material is for information only and is not an offer or invitation to contract. An application must be completed in order to obtain coverage. Rates and benefits vary by location. Health benefits and health insurance plans contain exclusions and limitations. Investment services are independently offered through HealthEquity, Inc. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is believed to be accurate as of the production date; however, it is subject to change. For more information on Aetna plans, refer to www.aetna.com.



www.aetna.com

©2010 Aetna Inc.